

SUMMIT LABORATORY

Chain of Custody

Version 10.0, Effective: 1-3-2022

900 Godfrey Ave SW Grand Rapids, MI 49503

or

1535 Industrial Park Drive, Hart, MI 49420

phone: 616-245-3818 email: mail@summitlaboratory.com

phone: 231-873-1432 ext. 227

Project #: _____

Customer: _____ Job Description: **Drinking / Well Water** email: _____

Address: _____ Job Name: _____

City, Zip: _____ Contact Person: _____

Phone: _____

| Item No. | Sample Number | Date Taken | Time Taken | Sample Description (sample type: drinking / well water) | No. of containers | Analytical Parameters | | | | | | | | Notes: |
|----------|---------------|------------|------------|--|-------------------|--|-----------------------------------|-----------------------------|--|--|--|--|--|--|
| | | | | | | Total Coliform (present/absent/100mL) | E. coli (present/absent/100mL) | Nitrates-Nitrogen (mg/L) | | | | | | |
| 1 | | | | | | | | | | | | | | *Attached a filled out Sample Information Form & Data Sheet* |
| 2 | | | | | | | | | | | | | | |
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| 10 | | | | | | | | | | | | | | |

| | | | | |
|--------------------|--------------------|-------------|-------------|------------------|
| Released by: _____ | Received by: _____ | Date: _____ | Time: _____ | Lab Notes: _____ |
| Released by: _____ | Received by: _____ | Date: _____ | Time: _____ | |

Sample collector name: _____

Temperature of sample when received at the Lab: _____

Sample Site water system serial number (WSSN #): _____

Thermometer used: _____

By signing this form the customer understands and agrees to accept all responsibilities for proper sample collection with no unjust sample representation for the requested analysis of the drinking water source.